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# **PSYCHOLOGY PRACTICE ALERTS**

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Memorandum: 2001.3]

To: New York State Licensed Psychologists  
College and University Departments of Psychology  
Psychological Associations and Societies  
Psychotherapy Institutes  
Psychology Students and Licensure Applicants  
Other Interested Parties

From: Johanna Duncan-Poitier

Subject: The Guidelines to Alert Psychologists to Good and Recommended Practices

The State Board for Psychology and the State Education Department have produced the attached practice alerts to provide useful information on good and recommended practices in the profession of psychology. This information about good practices explains and clarifies that found in law, Rules, and regulations, and other guidelines. This information is not a substitute for an understanding of the laws, Rules, and regulations governing the practice of psychology in New York State. These practice alerts can help psychologists better understand what might lead to professional practice complaints and to take steps to eliminate or minimize those situations. These practice alerts were developed with input from psychologists, faculty in academic institutions, consumers, professional associations, schools and other State Boards for psychology. These practice alerts focus on the issues of professional responsibility and conduct and do not address matters of civil liability, which are outside the jurisdiction of the Regents and the Department.

Practice alerts, like professional practice guidelines, can help practitioners comply with the Rules of the New York State Board of Regents to promote good practice. Practice guidelines, which you have received in the past, are intended to provide licensees with general guidance to promote good practice and prevent instances of professional misconduct.<sup>1</sup> These practice alerts in psychology differ from practice guidelines since they were specifically developed based on a careful analysis of actual professional misconduct complaints lodged against psychologists. Although the majority of the complaints were found not to merit formal disciplinary action, the actions by the licensees involved can be instructive and may enable others to avoid these borderline activities, which can tend to lead to complaints. These alerts focus specifically on conduct that has resulted in complaints of professional misconduct. Practice guidelines and practice alerts can benefit licensees and consumers by broadening their understanding of the statutes and regulations that define professional practice, including professional misconduct and unprofessional conduct.

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<sup>1</sup> Practice guidelines or practice alerts are not intended to establish a standard for the evaluation of issues in civil liability lawsuits involving claims of negligence or malpractice. The intent is to provide a frame of reference to be used with other appropriate considerations for assessment of issues relating to professional misconduct and unprofessional conduct as defined by law, Rule, or regulation.

Practice guidelines and practice alerts do not have the force of law. Therefore, which the guidelines and practice alerts may be a resource in assessing conduct that underlies a violation, they may not be used as the basis for a charge of or defense against a charge of professional misconduct. A licensee can only be charged with professional misconduct if there is a violation of the Education Law or Regents Rules. Determinations of which complaints lead to professional misconduct charges are made on a case-by-case basis by the Professional Conduct Officer in accordance with Section 6510 of the Education Law.

**For a full understanding of the application of practice alerts, please review the attached memorandum regarding the purpose and use of practice guidelines since both practice alerts and guidelines apply to the law in the same way.**

We hope that you find these practice alerts useful. If in doubt, you should consult the actual laws, Rules or regulations, or send a question to Kathleen M. Doyle, Executive Secretary for the State Board for Psychology, at (518) 474-3817 ext. 150, or by e-mail at [PSYCHBD@mail.nysed.gov](mailto:PSYCHBD@mail.nysed.gov), or by fax to (518) 486-2981.

**THE UNIVERSITY OF THE STATE OF NEW YORK  
NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF THE PROFESSIONS  
STATE BOARD FOR PSYCHOLOGY  
89 WASHINGTON AVENUE, ALBANY, NEW YORK 12234**

**EXECUTIVE SECRETARY, STATE BOARD  
FOR PSYCHOLOGY**

Kathleen M. Doyle, Ph.D.

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## PRACTICE ALERT

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### RECORDKEEPING

The Rules of the Board of Regents on Unprofessional Conduct, §29.2(a)(3) require that health professionals maintain records for each patient that accurately reflects the evaluation and treatment of the patient. Records for children from birth to age 21 should be maintained for six years and for one year past age 21. These records serve more than one purpose:

- Consumer Protection
- Professional Purposes
- Professional Assistance
- Business Record
- Professional Liability

Practitioners and their patients should be aware that under some conditions other persons might have access to the records. Your records, therefore, should be an accurate and legible account of the evaluation and treatment of the patient.

Under Section 18 of the Public Health Law, patients have the right of access to their records under most circumstances. If you deny access to records to a patient, you have an obligation to inform the patient of his/her right to appeal to the Office of Record Access of the Department of Health.

If you dispose of records when there is no obligation or need to maintain them, they should be properly destroyed to safeguard patient confidentiality.

Psychologists who **retire or sell their practice** must make provision for records to be maintained and accessed, if requested. The obligation to maintain records is not changed by the **retirement or sale of practice** by a psychologist.

The records of patients may not be included in the sale of a professional practice without the specific, informed consent of the patient. Names and other personal information about patients may not be identified in the course of a sale of a practice or in the assessment of the value of a practice.

Your records may be your **principal** defense in charges of professional misconduct. There is no statute of limitations for charges of professional misconduct.

Additionally, psychologists should also make provision for the maintenance and destruction of their patients' records in the event of the psychologist's death. While professional misconduct charges would not be brought after the death of a psychologist, the psychologist's estate could be the focus of a malpractice suit.

# PRACTICE ALERT

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## **DIAGNOSIS AND TREATMENT PLANS**

Psychologists who provide health care services to patients/clients are expected to keep an accurate record of their evaluation and treatment services. A written evaluation and treatment record is the best way for a psychologist to make professional decisions about the patient's needs, for the patient to have access to an accurate personal history, and for the psychologist to reference if complaints are made about the patient's diagnosis or care.

Patients/clients have a right to expect that the psychologist's records will contain the information needed to support claims made to third party insurers if the basis of their payment arrangement with the psychologist includes insurance reimbursement. When that is the case, the information that is commonly sought by third party insurers for their subscribers includes a diagnosis based upon specific features and a treatment plan that is appropriate to that diagnosis. They usually seek information regarding the frequency and length of treatment, method of treatment, treatment goals and prognosis.

Psychologists would be wise to be aware of the usual treatment approaches in the community in which he or she practices, even if they provide a different method of treatment. This will enable the psychologist to reassure the patient who may have inquiries, the third party payer who represents the patient, and others who have reason to inquire. It may also prevent unnecessary complaints against the psychologist.

Psychologists who use specific diagnostic classification systems, such as the DSM-IV, for recording diagnosis should be familiar with the theory and methodology of such systems since such codes have specific meanings to the various groups that use them.

## CUSTODY EVALUATIONS

Custody evaluations can be a high-risk practice. Very frequently someone will be dissatisfied, leading to possible disciplinary complaints. Practitioners, therefore, would be wise to take the following precautions when doing custody evaluations:

- Ensure that you are knowledgeable in the competencies needed to perform custody evaluations and be able to document these competencies; it would be useful to consult the Guidelines for Child Custody Evaluations published by the Department in 1997 (see addendum).
- Keep complete records of the entire process.
- Secure a signed agreement in advance that clarifies and spells out the arrangements for the evaluation, such as:
  - Financial arrangements
  - Who will be seen and number of contacts
  - Overall limits of confidentiality
  - Time frame for the evaluation, including the report
  - Who will get copies of the reports, and who is entitled to the report
  - The fact that the report is only a recommendation
- Limit the report to supportable data
- Substantiate the source of data for all comments that are made
- Inform the client of the specific limits to confidentiality when doing a custody evaluation.

# PRACTICE ALERT

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## INSURANCE BILLING AND PITFALLS

Insurance billing, though seemingly uncomplicated and straightforward, may easily lead to disputes and/or allegations of misconduct. To avoid this, billing statements, insurance claims, and treatment reports should be simple, clear, direct, and accurate representations of the services provided, the fees charged for each service, and the nature of the patient's/client's evaluation and treatment.

- ◆ Psychologists would be wise to have the patient's written authorization to release the information necessary to process an insurance claim or to complete a treatment report for pre-certification, although the patient could give a verbal consent. Verbal consents are difficult to prove when charged by a client with releasing confidential information.
- ◆ Psychologists should be aware of precisely what they are stating when signing any insurance form or report. They should be aware that what they are asked to state could and does vary dependent upon the insurance form or report. For example, a signature as provider on the insurance form may be a claim that the signatory directly provided the services him or herself.
- ◆ When billing for services provided by employees, psychologists should identify the provider by name and title or degree, if it is required on the form. The same is true when insurance forms ask who personally, or directly, provided the service.
- ◆ Discussing payment arrangements and insurance issues (including pre-certification) at the first meeting with the patient or client, or soon afterward, could help to avoid any possible misunderstandings and subsequent disputes: for example, co-payments, contract differences, among others.
- ◆ Attention to details and making certain that all information is provided when completing insurance forms and reports can help to avoid delays in payment and subsequent misunderstandings and disputes between the psychologist and the patient/client
- ◆ When a patient cancels or does not appear for a session, it is usually considered fraudulent to bill an insurance company for that session unless the insurer has provided for cancellations within the contract.

## **PRACTICE ALERT**

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### **SUPERVISION**

The supervisor is ultimately responsible for quality control and can be held accountable for the professional services being provided by the person being supervised. There are also several forms of supervision, such as, administrative and clinical supervision in agencies and organizations, supervision of persons gaining experience for licensure purposes, supervision in training situations, and, the supervision that is often given in groups or to individuals who have personally engaged a psychologist to provide the supervision. While there are some differences in the various forms of supervision, psychologists who provide supervision are engaged in the practice of psychology.

When a psychologist agrees to serve as a supervisor, there are specific areas that should be addressed in advance so that all parties understand their duties and obligations:

1. The nature and terms of the relationship should be spelled out in advance, including:
  - The limits of confidentiality, including, but not limited to, the mandate for reporting child abuse
  - The information that the supervisor can report to the supervisee's employer in an employment setting
  - The limits of what the supervisor can do if s/he has questions about the nature or quality of the practice being reviewed
  - The supervisor's ultimate responsibility to the person receiving supervision
2. When the supervisor's signature is required on a record or insurance form, the psychologist should be fully aware of the ramifications of that signature. Supervisors should consult with the insurance company or their attorney if there are questions about completing insurance forms for supervisees who work in agency or private practice settings as employees.
3. If a supervisor is involved when a professional service is performed, it is wise to inform the recipient of the psychological service and to get his or her consent, to avoid various future complications, including issues of confidentiality.
4. When psychologists act as supervisors for persons gaining experience for licensure purposes, the supervisee should not directly engage or pay the supervisor, and the supervisor should not accept payment directly from the supervisee for supervision that would lead to course credit in academic programs or licensure. Payment should be made by the educational program or by the agency employing the intern or assistant psychologist. When a supervisor

accepts payment directly from the supervisee in these situations, it could be considered a conflict of interest and dual relationship.

5. Supervisors should recognize that they might be held accountable and/or charged with professional misconduct for the professional misconduct of a supervisee.
6. It is wise to keep records of each supervisory session, including compensation, if any, and to provide documentation of the supervision to those who require such verifications on behalf of and, where necessary, with the consent of the supervisee.

# PRACTICE ALERT

## COUPLES AND GROUP THERAPY CONFIDENTIALITY

When working with couples and in doing group therapy, or in any other situation where there is more than one individual present, psychologists should be aware of the nature and limits of confidentiality and privileged communication as it applies in these settings. The legal and practice concepts of confidentiality are subject to change, depending on decisions in the courts, regulatory changes and practice determinations in case law. Psychologists can remain familiar with decisions about confidentiality by reading professional journals, or by consulting with their attorney if a situation is unclear.

- ◆ Confidentiality exists when providing couples or group therapy, but there are differences from the confidentiality that exists in individual evaluation and treatment settings.
- ◆ The Information that is revealed within a setting where there is more than one individual present is usually available to all the individuals who were present.
- ◆ Any one of the individuals present may seek copies of the records of these couples or group sessions or may release all of the records of these sessions to an outside party.
- ◆ When individuals in group or couples therapy are seen on a one-to-one basis, apart from the joint sessions, these communications are commonly treated as typical one-to-one evaluation or treatment sessions, unless there is a prior agreement that the content of such sessions should be available to the group.
- ◆ To protect the patients/clients of group and couples evaluation or treatment, psychologists should inform their patients/clients of the limits of confidentiality and make a note of this in the record of the group or couple session.

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## **PRACTICE ALERT**

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### **PATIENT PERCEPTION OF VERBAL ABUSE**

Patients under stress, those who are fragile and, at times, the victims of a history of abuse by those in authority easily can have a misperception of being verbally abused by their psychologist when verbal abuse has not occurred. The psychologist would be wise to take precautions to protect him or herself from unwarranted complaints, as well as to reduce the distress of the patient/client by:

- Being aware that the problems of some patients may eventually lead to claims of verbal or other abuse, recognizing the signs of these problems and developing the skills to defuse the situation;
- Discussing immediately with the patient, who has told the psychologist that he or she has felt verbally abused, what was viewed as verbal abuse, followed by an attempt to clarify and resolve the problem. A frank discussion may alleviate the persistence of discomfort on the part of the patient/client and future unwarranted complaints;
- Keeping careful records, including diagnosis, of what transpires in discussions with patients;
- Documenting the claims by the patient of the perception of verbal abuse and what led up to it in the evaluation and/or treatment process, as well as the patient's claims of verbal abuse by others in the history of contacts;
- Apologizing to the patient/client if, for any reason, the psychologist loses his or her temper and speaks harshly;
- Establishing a solidly grounded, caring working alliance.

## DUAL RELATIONSHIPS

Psychologists should be aware that the objectivity and appropriateness of professional services could be jeopardized by the existence of dual relationships. Dual relationships occur when a psychologist has more than one type of relationship with a patient or client, such as:

- A professional relationship and a prior personal relationship
- A business relationship that develops during a professional relationship
- Social or personal relationships that develop during a professional relationship
- Differing professional relationships, such as performing custody evaluations with patients or clients who are in other treatment or business relationships

Sexual relationships with patients/clients either during or within at least two years following the professional relationship may not occur.

When psychologists are involved in a mentoring, teaching or supervisory relationship with a student, the psychologist should take care to maintain appropriate boundaries so that his or her professional judgment is not jeopardized.

The relationship of psychologists who act as supervisors for persons who are gaining experience for licensure purposes is principally with the licensing agency and not with the supervisee. That is, the supervisor must attest to the licensing agency that the supervisee has completed the experience in accordance with the regulations for licensure. This means that the supervisee should not employ the supervisor when the supervisee is gaining experience for licensure. In addition, supervisors would be wise to avoid supervising relatives and close friends.

## **PRACTICE ALERT**

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### **CONSULTATION WITH OTHER PROFESSIONALS**

Good practice often involves the need to consult with other professionals to insure the provision of quality care. It is good practice to seek and document consultation with psychologists and other professionals after obtaining the consent of the patient/client.

In agency settings, a psychologist with any question concerning professional practice usually has supervisor and/or staff consultations available. Psychologists in independent practice may be wise to use a consultant whenever they have any doubt concerning their interventions, or have other questions or concerns involving diagnosis, risk factors, or treatment techniques.

It is necessary for the patient to have given informed consent to permit personally identifiable information to be revealed to a consultant, or for the psychologist to disguise the information so that the patient cannot be identified. Normally, in a hospital or clinic setting, the patient gives such consent at the outset of care, but this usually is not the case in private practice settings. Obtaining consultation would not relieve the psychologist from the responsibility of patient consent for the release of information in either setting, unless all personally identifiable information has been removed.

Psychologists who attend post-licensure training programs or workshops as a means of improving or learning new techniques should follow the same precautions if information regarding their specific patients is used in these settings: the patients must give consent or all identifiable information must be removed from the presentation.

## **FEE DISPUTES**

Fee disputes can often lead to complaints of professional misconduct. The Office of the Professions does not negotiate or resolve fee disputes. Other claims of professional misconduct, however, may arise due to fee disputes. When investigated, these complaints are usually found to originate in disputes over fees, but the psychologist, as well as the Department, will have had the burden of the investigation.

To avoid these complaints, psychologists could:

- ◆ Clarify the billing and payment conditions, including insurance, if applicable, at the outset of the evaluation and treatment, and specify the financial arrangements in terms that the patient/client can understand. It is useful to include an agreement for payment for cancelled appointments.
- ◆ Explain to the patient/client that he or she may be responsible for payments for appointments that the patient/client misses than do not fall within the cancellation agreement. It may be considered fraudulent for psychologists to bill insurers for appointments when the patient is not provided a service.
- ◆ Make the patient/client aware of the costs involved, so the patient/client can, therefore, make informed choices so as not to incur excessive debt.
- ◆ Avoid providing any personally identifiable information regarding the patient/client that reveals the professional nature of the relationship when attempting to collect fees. It is wise to determine beforehand if a collection agency will be providing information to third parties, e.g., employers or family members, who should not have access to such information.

March 15, 1999

**To:** Professional State Board Members

**From:** Johanna Duncan-Poitier

**Subject:** Professional Practice Guidelines

I write to clarify the purpose and use of practice guidelines developed by Professional State Boards. Practice guidelines provide guidance regarding the implementation of Rules of the New York State Board of Regents to practitioners for the promotion of good practice. Because of questions recently posed about the meaning and use of these guidelines, the following is a more detailed description of the purpose, benefits and limitations of this important tool.

In accordance with Section 6504 of Title VIII of the Education Law:

"Admission to the practice of the professions and regulation of such practice shall be supervised by the board of regents and administered by the education department, assisted by a state board for each profession."

The Board of Regents' supervision and the State Education Department's administration of professional regulation is guided by the Education Law, Regents Rules and Commissioner's Regulations. To meet their responsibility to assist in regulating the practice of the professions, several professional State Boards have developed practice guidelines to assist licensed professionals in understanding how to apply the law and accompanying rules and regulations in their daily practice. They are intended to provide licensees with guidance to promote good practice and prevent incidents of professional misconduct.<sup>2</sup>

Practice guidelines can benefit licensees and consumers by broadening their understanding of statutory and regulatory language that defines professional practice, including professional misconduct and unprofessional conduct. They inform practitioners of the Office of the Professions' and State Board's perspective of what constitutes good practice in their profession. In the discipline process, practice guidelines can serve as one of many resources that may be referred to by a board member in consultations, early involvement meetings, and informal settlement conferences, all of which seek resolution of complaints. When combined with the board member's education, experience, and prior activity in the profession and the disciplinary process, they can inform a board member's recommendation when consulted upon a complaint.

**Practice guidelines, however, are not a substitute for or have the authority of Education Law, Regents Rules, or Commissioner's Regulations. They do not have the force of the law. Therefore, while the guidelines may be a resource in assessing conduct that underlies a violation, they may not be used as the basis for a charge of professional misconduct. Specifically, a professional cannot be charged with professional misconduct based upon a violation of or failure to comply with guidelines. A licensee can only be charged with professional misconduct if there is a violation of the Education Law or Regents Rules. Nor can conformance with guidelines be deemed to immunize a professional from potential charges of misconduct. Those determinations are to be**

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<sup>2</sup> It should also be understood that it is not the intent of the guidelines to establish a standard for the evaluation of issues in civil liability lawsuits involving claims of negligence or malpractice. The intent is to provide a frame of reference to be used with other appropriate considerations for assessment of issues relating to professional misconduct and unprofessional conduct as defined by statute, Regents Rule or Commissioner's Regulations.

**made on a case by case basis by the Professional Conduct Officer in accordance with Section 6510 of the Education Law.**

In formal disciplinary hearings, a guideline may not be used in deliberations unless the Administrative Officer determines that it is admissible. Unless guidelines have been legally admitted into evidence upon a motion to be decided by the administrative officer, a panel should not refer to guidelines because a determination should be based solely on the evidence of individual conduct in an individual case. We realize that a panel member may have discussed and contributed to the development of practice guidelines. That is part of the board member's perspective, formed by his or her professional background, education, experience, research, and discussions. When a board member serves on a hearing panel, due process requires that board member to disregard whatever knowledge or insight was developed during the development of the guidelines unless they have been admitted into evidence, as noted above.

A guideline cannot be part of the hearing record or considered as evidence of the respondent's guilt, unless it has been admitted into evidence. In analyzing and interpreting the evidence presented in the hearing record, panel members should not substitute any guideline for evidence or proof of any charge.

As an articulation of good practice, guidelines are a very important tool for the State Education Department in meeting its critical mission of promoting good practice. I appreciate the thoughtfulness and dedication all of the State Professional Board Members bring to matters of professional licensure, practice, and discipline. Your role in the disciplinary process in describing and interpreting what is good practice are essential in assisting the Regents and the Department in matters of practice. If you have any questions in this matter, please contact Doug Lentivech in the Office of Professional Responsibility at (518) 486-1765 or e-mail at [dlentivech@mail.nysed.gov](mailto:dlentivech@mail.nysed.gov).

Again, my appreciation to you for the time, dedication, and professional expertise you devote to regulation.

cc: Frank Muñoz  
Fred Burgess  
Douglas Lentivech  
Norm Cohen  
Larry DeMers  
Kathleen Doyle  
Dan Dustin  
Ronnie Hausheer  
Tom King  
Milton Lawney  
Bill Martin  
Larry Mokhiber  
Tom Monahan  
Milene Sower  
Barbara Zittel

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT

RECORDKEEPING GUIDELINES FOR PSYCHOLOGISTS  
(ADOPTED NOVEMBER 1994, NYS BOARD OF REGENTS)

**Rationale:** Consumers, psychologists, educators, and students have continually sought the opinion of the Department as to what constitutes a record in the practice of psychology. Even among persons noted for their knowledge of what constitutes ethical practice or a sound standard of practice, there has been disagreement regarding what is necessary for the maintenance of records to comply with Section 29.2(a)(3) of the Rules of the Board of Regents on Unprofessional Conduct:

“Failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. Unless otherwise provided by law, all patient records must be retained for at least six years. Obstetrical records and records of minor patients must be retained for at least six years, and until one year after the minor patient reaches the age of 21 years.”

The Board for Psychology has determined that the development of a recordkeeping guideline would serve the following purposes:

1. Consumer Protection
  - a. Assurance of compliance with the general requirements of business law and insurance law;
  - b. Availability of a record of the client/patient’s psychological history and treatment for personal use, for forensic use, and for appropriate ongoing treatment;
  - c. Maintenance of a record for the client/patient’s use for insurance reimbursement and other health-related claims, e.g., workers’ compensation.
2. Professional Purposes
  - a. Assistance with ongoing therapy;
  - b. Assistance for other professionals where appropriate;
  - c. Maintenance of information needed for insurance purposes.
3. Professional Assistance
  - a. Assistance in legal proceedings;
  - b. Assistance in comparing similar cases and assessing treatment approaches;
  - c. Memory refreshment tool for professional use.

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**Caveat:** In establishing records, psychologists should be familiar with and observe all other state laws, regulations, and codes which apply. These include, but are not limited to:

- a. The Public Health Law
- b. The Mental Hygiene Law
- c. The Administrative Procedures Law
- d. The Education Law
- e. The Social Services Law

and the regulations of those agencies which implement these laws through regulations. In preparing the Guideline, the Board has recommended what they consider to be the essential content of a usual client/patient record. In addition, the Board recommends that these guidelines be modified based on professional ethical standards for those non-direct

human service providers, e.g., industrial/organizational psychologists, research psychologists, etc.

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## **GUIDELINES FOR RECORDKEEPING (ADOPTED NOVEMBER 1994)**

The client/patient record should include:

1. Name
2. Address
3. Home and office telephone numbers
4. Date of first contact with the client/patient and nature of contact
5. Demographic data, gender, age
6. An accurate record of the evaluation and treatment of the client/patient and any significant changes of treatment over the course of service
7. Documents, such as contracts and consent forms
8. The date and nature of each billed service contact
9. Names of individuals with whom the psychologist formally consulted about the client, including reasons for consultation, dates and relevant consent forms
10. A copy of all test or other evaluation reports prepared as a part of the professional relationship
11. Narrative of all significant outside billable contacts between the psychologist and others
12. Billing and payment history, including insurance payment

The ongoing record should also include, as appropriate and relevant:

1. Referral source, if any
2. Family data (marital status, children, custodial and other information, if pertinent)
3. Special information or conditions that might have an impact on treatment or cause the patient/client stress, e.g., sensory impairment, socioeconomic status, physical impairment or other special circumstances
4. Observations about the individual's language facility if relevant (e.g., the client does not speak English, cannot read, etc.)
5. Medical/psychiatric history (pertinent illnesses and treatment)
6. History of substance use, including use of prescription medications (with dosages), current medications taken, use of over-the-counter drugs, patterns of abuse, and history of current treatment received
7. Use of alcohol and nature of use; patterns of abuse and history of treatment received
8. Name of the client's personal physician, if known
9. Telephone number of someone to contact should an emergency incapacitate the client

# **NEW YORK STATE BOARD FOR PSYCHOLOGY**

## **GUIDELINES FOR CHILD CUSTODY EVALUATIONS**

**DEFINITION:** Child<sup>3</sup> Custody Evaluation in these Guidelines refers to any service designed to affect a child's legal relationship with the biological, surrogate, foster, or adoptive parents, and/or any other legal guardian.

1. The child's best psychological interests and well-being are always the primary concerns.
2. Psychologists should be impartial and objective in conducting child custody evaluations. The psychologist typically should not have or have had any role with the child and parental figures other than child custody evaluator.
3. The psychologist should provide a fair, non-biased assessment and should not necessarily endorse the perspective of the individual or agency/agencies that made the request for the evaluation, or would be paying for the services. This should be made clear to all involved parties at the outset. Ideally, the court should order the evaluation.
4. Special knowledge and experience on the part of the psychologist for a child custody evaluation is essential. This should include child and family development; diversity in family living structure, culture and function; child abuse and neglect; the dynamics of divorce and its effect on children; court procedures; and legal options in custody.
5. A variety of data is required in a child custody evaluation. The evaluation should incorporate information from all meaningful settings in the child's life, including, but not limited to, home and school. This information should include the recency and nature of the child's interactions with all parental figures and other significant individuals, the child's developmental needs, and the resulting fit.
6. The psychologist should determine if other professionals are evaluating the child and make every effort to minimize redundant evaluation sessions, while conducting as many sessions as necessary to enable the psychologist to render a recommendation that can confidently be made in the best interest of the child.
7. When any form of child abuse is reasonably suspected in the course of a custody evaluation, the psychologist is required to take steps to protect the child, including following the mandated reporting procedures.

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<sup>3</sup> Children may be substituted for "child" throughout these Guidelines, although there are aspects of custody evaluations specific to evaluations of multiple children in a family that are not discussed here.

8. It is the responsibility of the psychologist to determine the scope of the evaluation based upon the child's best interest, even when a request may be made to evaluate only a specific aspect of child custody.
9. The psychologist should obtain informed consent from adult participants and, as much as possible, from the child(ren). Prior to beginning the evaluation, all participants should be informed of the limits of confidentiality and the conditions of disclosure of information.
10. When the psychologist makes custody recommendations, the psychologist's opinion should be limited to information derived from the integration of all available data.
11. The report should be made in a timely manner.
12. Financial arrangements should be clarified and agreed upon prior to commencing a child custody evaluation.

# STATE BOARD FOR PSYCHOLOGY'S RECOMMENDED GUIDELINES REGARDING THE EDUCATION AND TRAINING OF PSYCHOLOGISTS FOR PRACTICE IN A PLURALISTIC SOCIETY

Human behavior is an interaction developed in the context of biological, psychological, sociopolitical, and socioeconomic realities. These realities are known as cultures which come together to create a pluralistic society. In order to provide the public with competent psychological services, licensed practitioners should be specifically educated and trained to recognize and incorporate the influence of diversity on human behavior.

All health professionals are expected to be sensitive to individual differences as they practice their professions. Beyond that, it is imperative that psychologists acquire a knowledge base and an understanding of how attitudes, values, and behavior may be affected by cultural differences. This knowledge should be gained during the psychologists' formal educational preparation and should be enhanced as they continue in licensed professional practice. To accomplish this goal, graduate programs will need to develop relevant curricula and role models.

The implicit principle of this statement is that practitioners should possess a functional knowledge of the impact of diversity on human behavior. This principle should apply to the education, training, and examination requirements for licensure. In effect, the public should be served by licensed practitioners who meet these standards.

## EDUCATION, TRAINING, AND PRACTICE GUIDELINES FOR PSYCHOLOGISTS IN A PLURALISTIC SOCIETY

- Psychologists should possess a functional knowledge of the breadth and impact of diversity on human behavior in order to provide the public with competent psychological services.
- Cultural diversity includes ethnic, cultural, linguistic and socioeconomically based differences, physical disabilities, differences in sexual orientation, and any subgroup of characteristics of people about which valid generalizations can be made. Licensed practitioners should be specifically educated and trained to recognize and incorporate the influence of diversity on human behavior.

- Psychological practice requires an understanding of how cultural differences affect attitudes, values, and behavior. This knowledge should be gained during the psychologist's formal educational preparation and should be ongoing.

To accomplish this goal, graduate programs should develop relevant curricula and role models. Licensed psychologists should acquire and maintain competence in this area as they practice.

The following guidelines should apply to the requirements for education, training, and examination for licensure and for practice. Specifically, they should underscore the need for licensed practitioners to keep informed about issues of diversity. In addition, professional training programs should provide access for diverse populations. It is the psychologist's responsibility to provide culturally competent services.

The public should be served by licensed practitioners who meet the following standards:

- Psychologists, as the instrument of the evaluation, should be culturally sensitive and self-aware.
- Psychologists should make efforts to insure fair and culturally sensitive diagnoses, intervention services, and practices regardless of the setting where the service is provided.
- Psychologists should consider the impact of social, economic, linguistic, cultural and environmental factors in the methods used to assess problems and design culturally appropriate interventions. This may include:
  - Considering the patient/client in an historical context
  - Maintaining respect for spiritual, religious, and other cultural beliefs and knowledge of the impact of these beliefs
  - Knowing boundaries of and utility of interventions that are chosen
  - Developing and using appropriate assessment and treatment methods
  - Identifying culturally meaningful alternatives
- Psychologists make efforts to insure that their clients understand the process of intervention, including, but not limited to, patient rights and the legal limits of confidentiality
- Psychologists identify and address the influence of provider/client differences and similarities when rendering services
- Language differences and cultural differences are most properly handled by encouraging the growth in numbers of multilingual, multicultural psychologists. Psychologists should make every effort to find multilingual, culturally competent psychologists, while recognizing that

appropriate interpreters may be used in emergency situations or when multilingual, culturally competent psychologists cannot be found.

- Psychologists are aware of community sources to make referrals where appropriate.